

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214558525				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: LANCER MANAGEMENT COMPANY, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NY</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2014</p> <p>SCC ID NO: F1604273</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED					
COMMON	100					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 370 W PARK AVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: LONG BEACH, NY 11561</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WAYNE S RICCI TITLE: PRESIDENT ADDRESS: 370 WEST PARK AVENUE CITY/ST/ZIP/CO: LONG BEACH, NY 11561 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WAYNE S RICCI TITLE: PRESIDENT ADDRESS: 370 WEST PARK AVENUE CITY/ST/ZIP/CO: LONG BEACH, NY 11561	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WAYNE S RICCI TITLE: PRESIDENT ADDRESS: 370 WEST PARK AVENUE CITY/ST/ZIP/CO: LONG BEACH, NY 11561	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAMELA M. MARIN TITLE: VICE PRESIDENT ADDRESS: ONE FAIRCHILD COURT, SUITE 200 CITY/ST/ZIP/CO: PLAINVIEW, NY 11803 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAMELA M. MARIN TITLE: VICE PRESIDENT ADDRESS: ONE FAIRCHILD COURT, SUITE 200 CITY/ST/ZIP/CO: PLAINVIEW, NY 11803	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PAMELA M. MARIN TITLE: VICE PRESIDENT ADDRESS: ONE FAIRCHILD COURT, SUITE 200 CITY/ST/ZIP/CO: PLAINVIEW, NY 11803	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KIERAN G. MCGOWAN TITLE: VICE PRESIDENT ADDRESS: ONE FAIRCHILD COURT, SUITE 200 CITY/ST/ZIP/CO: PLAINVIEW, NY 11803 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KIERAN G. MCGOWAN TITLE: VICE PRESIDENT ADDRESS: ONE FAIRCHILD COURT, SUITE 200 CITY/ST/ZIP/CO: PLAINVIEW, NY 11803	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KIERAN G. MCGOWAN TITLE: VICE PRESIDENT ADDRESS: ONE FAIRCHILD COURT, SUITE 200 CITY/ST/ZIP/CO: PLAINVIEW, NY 11803	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANN MARIE MCTERNAN TITLE: S VP ADDRESS: 370 W PARK AVE CITY/ST/ZIP/CO: LONG BEACH, NY 11561 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ANN MARIE MCTERNAN TITLE: S VP ADDRESS: 370 W PARK AVE CITY/ST/ZIP/CO: LONG BEACH, NY 11561	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANN MARIE MCTERNAN TITLE: S VP ADDRESS: 370 W PARK AVE CITY/ST/ZIP/CO: LONG BEACH, NY 11561	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TIMOTHY R. O'SULLIVAN TITLE: VICE PRESIDENT ADDRESS: 370 WEST PARK AVE. CITY/ST/ZIP/CO: LONG BEACH, NY 11561 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TIMOTHY R. O'SULLIVAN TITLE: VICE PRESIDENT ADDRESS: 370 WEST PARK AVE. CITY/ST/ZIP/CO: LONG BEACH, NY 11561	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TIMOTHY R. O'SULLIVAN TITLE: VICE PRESIDENT ADDRESS: 370 WEST PARK AVE. CITY/ST/ZIP/CO: LONG BEACH, NY 11561	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SHIRLEY B. ORTEGO TITLE: VICE PRESIDENT ADDRESS: 370 WEST PARK AVE. CITY/ST/ZIP/CO: LONG BEACH, NY 11561 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SHIRLEY B. ORTEGO TITLE: VICE PRESIDENT ADDRESS: 370 WEST PARK AVE. CITY/ST/ZIP/CO: LONG BEACH, NY 11561	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SHIRLEY B. ORTEGO TITLE: VICE PRESIDENT ADDRESS: 370 WEST PARK AVE. CITY/ST/ZIP/CO: LONG BEACH, NY 11561	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN M. SHAPIRO VICE PRESIDENT 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD M TEMKIN VICE PRESIDENT 370 W PARK AVE LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY D. DELANEY SEVP 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALISTAIR T. LIND EVP 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES O. EASON, JR. EVP 111 CORNING ROAD CARY, NC 27511	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANIS S. MOSCATO AVP 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE NEVERSON-DRAKE AVP 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A. PETRILLI SECRETARY 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL W. REILLY SVP 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GAIL W. REILLY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GAIL W. REILLY, SVP PRINTED NAME AND CORPORATE TITLE	8/7/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			